

Sparks Brain Preservation

3265 Marietta St SE, Salem, OR 97317 | Phone: 503-585-2781 | Email: hello@sparksbrain.org

Free Local Preservation Registration Form

Dear Patient,

Thank you so much for your interest in Sparks Brain Preservation. Below are the components of the registration form. Please complete the sections relevant to your situation. Once we receive this form, we may contact you with additional follow-up questions.

Research Donation Agreement: This document must be reviewed and signed by those wishing to participate in the Free Local Preservation Research Program. Free preservation requires the donation of two small biopsy samples from the central nervous system. If you are not interested in this, please see our website for additional preservation options.

Optional DNA Contribution to Research: Please review and sign this document if you are interested in donating a small muscle biopsy and allowing profiling, storage, and use of DNA and other genomic information for research purposes. This form is not required.

Brain Preservation Agreement: This document must be reviewed and signed by those wishing to participate in the Free Local Preservation Research Program. This is the same agreement signed by all patients at Sparks Brain Preservation. Within this document, there are several references to the patient's responsibility for costs associated with preservation, transportation, storage, and disposition of remains. If the Research Donation Agreement is signed, there will be no incurred costs for the patient. These references to cost and payment are left in the Brain Preservation Agreement to ensure that there is still an agreement between the patient and SBP in the event that the patient decides to rescind their Research Donation Agreement and would instead like to pay for our brain preservation services.

Document of Gift and Informed Consent: This document must be reviewed and signed by the patient. This document references costs related to transportation and disposition of the remains. Patients signing up for free local preservation will not be responsible for costs associated with transportation or disposition of the remains. If the Research Donation Agreement is rescinded, the donor (i.e. the patient) will be responsible for all costs incurred.

Preferences: The final three pages of this document allow you to make known your preferences regarding information shared with emergency contacts or healthcare providers, instructions for death investigation, and potential revival technology. These three pages are optional.

Submitting Your Forms: Filling out the web form is a convenient option for completing the document submission. This will allow you to fill and sign the form electronically, and requires email confirmation. You may also download the forms and return the completed documents by email or mail.

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Research Donation Agreement

By signing this Research Donation Agreement, you agree to donate two small biopsy samples, each less than 1 cubic centimeter in size, from the preserved central nervous system of either yourself or the person for whom you are the legal authorizing agent, to the Brain and Tissue Bank at Apex Neuroscience for research purposes. These small biopsy samples will most likely be taken from the spinal cord, and possibly from the cerebellum, for example in the rare case that the spinal cord is not available.

Apex Neuroscience is a non-profit organization that is separate from Sparks Brain Preservation, dedicated to evaluating the quality of brain preservation and brain banking methods for the benefit of the public. Apex Neuroscience operates under an exemption from Institutional Review Board (IRB) oversight for its research on de-identified tissue samples, as determined by a review of its protocols by Pearl IRB. No funds will be transferred between the organizations related to this research donation.

The first biopsy sample will be taken within the first few months after the initial brain preservation procedure at Sparks Brain Preservation. The second sample will be taken years later to assess long-term preservation quality. Apex Neuroscience will study the samples using methods that may include light microscopy or electron microscopy to analyze the level of structural preservation achieved.

By signing below, you acknowledge and agree that:

- The data generated from the donated central nervous system tissue biopsy samples may be made publicly available online in a de-identified manner. This could include macroscopic photos, brain imaging scans, and microscopy data from the samples.
- While names or other uniquely identifying data will not be released, it is theoretically possible that future AI systems may enable identification based on brain images in ways that cannot currently be anticipated.
- The prospects for eventual revival in brain preservation are completely unknown. Donating these small biopsy samples has the potential to lead to damage to information contained in the central nervous system. We cannot guarantee this, but given their small size, we expect that any such damage would be minimal.
- The donation of these two small biopsy samples for research is required for participation in Sparks Brain Preservation's free local brain preservation program. The findings will provide valuable public feedback on the effectiveness of the preservation methods being used.

Name of Donor: _____

If someone else is signing on behalf of the donor, please also complete the following:

Name of Authorizing Individual: _____

Relationship to the Donor: _____

By signing this form, you voluntarily consent to donate two small central nervous system biopsy samples as described above. You understand this is a required aspect of receiving subsidized brain preservation services through Sparks Brain Preservation's program. You can revoke this consent at any time prior to the preservation procedure by contacting us in writing.

Signature: _____

Date: _____

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Optional DNA Contribution to Research

As an additional non-required option, we offer participants the opportunity to contribute to science by allowing us to profile their DNA, using a small muscle biopsy if possible. This research will be designed to help to determine the causes of neurobiological disorders such as Alzheimer's disease and schizophrenia. The goal of this research will be to contribute towards developing improved treatments for these disorders.

Access to genetic data may be granted to qualified researchers, research institutions, and collaborators, with the understanding that personal identifying information will be kept confidential to the extent possible under applicable laws and regulations.

Please note that DNA may not actually be profiled for several years as we await research funding and sufficient samples for this project. Additionally, we are not capable of returning DNA results to the next of kin.

Name of Donor: _____

If someone else is signing on behalf of the donor, please also complete the following:

Name of Authorizing Individual: _____

Relationship to the Donor: _____

By signing this form, you voluntarily consent to allow profiling, storage, and use of DNA and other genomic information for research purposes. You understand this is optional and not required to receive subsidized brain preservation services through Sparks Brain Preservation's program. You can revoke this consent at any time in the future prior to the preservation procedure by contacting us in writing.

Signature: _____

Date: _____

Brain Preservation Agreement

This agreement is between _____ (the "Patient") and Sparks Brain Preservation (SBP), an Oregon nonprofit corporation.

The Patient, being of sound mind and will, declares in this Agreement his/her intention to have his/her brain preserved by SBP in the hope of possible treatment and revival at some time in the future. The parties hereby agree that SBP shall preserve the brain of the Patient after the Patient's legal death, and that the Patient will make payment for this service as described in this Agreement. The parties agree to perform other tasks as may be required in connection with the preservation in accordance with the terms and conditions set forth below.

I. Duties of SBP

A. SBP shall use its best efforts to preserve the Patient's brain, to the extent possible with the funding provided by the Patient, using such methods as SBP determines in its good faith judgement are most likely to result in the highest quality of preservation.

B. The only tissue that shall be preserved shall be the brain and possibly supporting tissues, such as the skull and soft tissues of the head. The remaining portion of the body shall not be preserved, but shall be cremated and returned to the next of kin at the expense of SBP.

C. At such time that SBP determines in its good faith judgement that the Patient can be satisfactorily revived and rehabilitated in an economically practical manner, SBP shall use its best efforts to revive and rehabilitate the Patient.

D. SBP shall not be responsible for performing procedures on the Patient except at the facility of SBP in Salem, Oregon (or such other location at which SBP possesses facilities and equipment suitable for its procedures). The responsibility for transporting the Patient's body to Salem, Oregon or such other location, as indicated by SBP, shall rest with the Patient and not with SBP. SBP may, at its sole discretion, aid in such transportation, upon payment of a reasonable fee requested by SBP for this assistance.

E. The effectiveness of the Patient's preservation may depend upon the speed with which preparatory procedures are begun after the Patient's death, and upon the feasibility of perfusing the Patient with fixative and/or a cryoprotectant (antifreeze) solution after suitable preparation. SBP shall not be responsible for any problems relating to the Patient's preparation or resulting in whole or in part from

- a. The unavailability of personnel, chemicals, and equipment;
- b. The lack of timely notice to SBP of the Patient's death, impending death or serious illness or injury; or
- c. The Patient's distance from Salem, Oregon (or other such location at which SBP possesses facilities and equipment suitable for its procedures) and the legal, technical, and practical difficulties in transporting the Patient.

F. SBP shall not be responsible for any problems arising by reason of any federal, state, or local statutes, regulations, ordinances, or governmental or judicial directives.

G. SBP shall not be responsible for any failure to preserve the Patient resulting in whole or in part from the Patient's breach of any of his/her duties under this Agreement, or from the failure of cooperation of the Patient's next of kin, family, physician(s), attorney, heirs or executors, or any medical care facility, where such failure makes impractical the timely and adequate preservation of the Patient.

H. Any failure by SBP to perform its obligations hereunder, which failure results in whole or in part from the occurrence of a contingency beyond the reasonable control of SBP, and which contingency makes performance hereunder by SBP impractical (such contingencies to include, without limitation, fire, strike, terrorist action, act of nature, unanticipated disaster, or shortage of materials) is excused, and SBP shall be without liability therefor.

I. SBP strictly follows HIPAA rules for living Patients and does not publicly disclose any Patient information while the Patient is living. Any permission for disclosure must be given by the Patient through a separately signed document. SBP will not publicly release the names of relatives unless those relatives have given their permission in a signed Relative's Affidavit. Case reports are written after each preservation and are released publicly.

1) (default) Reports regarding my preservation may include all biographical and medical details.

If more limited disclosure is requested, check one of these:

2) _____ Reports regarding my preservation may be published in anonymized format, with specific identifiable information such as name, exact age, and city removed, but with all procedures and medical details included.

3) _____ Other instructions _____

In all cases, the Patient understands that brain preservation generates extreme public scrutiny and that information about the Patient may leak to the public from a number of sources. In no case shall SBP be liable for any public disclosure of information.

J. Standby refers to a team deployed and standing by prior to legal death, which is able to provide immediate stabilization, cooling, and transportation services. SBP shall provide Standby to the extent possible with the funding provided by the Patient. Decisions on when to provide Standby, how many personnel to deploy, and what equipment to use shall be made by SBP in its sole good faith judgement.

K. The obligations of SBP shall otherwise be limited as indicated in other sections of this Agreement.

L. All decisions to be made by SBP under this Agreement shall be made by SBP in its sole judgement, and SBP shall not be liable for the consequences of any such decisions made in good faith, whether or not negligent.

II. Payment

A. The Patient shall pay to SBP a Preservation Fee in consideration of the efforts of SBP to preserve the Patient's brain. The fees are posted on the website and may change from time to time.

B. The Patient may provide funding in excess of the minimum required Preservation Fee (the "Surplus"). The Surplus may be sufficient to pay for Standby or for alternate transportation of the body to SBP. In that case, SBP shall assume responsibility for paying for those services, within the limits of the available personnel and financial resources, as determined in SBP's sole good faith judgment. If the Surplus is not sufficient to pay the described expenses, SBP shall have no duty to make payment for those expenses.

C. SBP may increase the Preservation Fee and any figures for liquidated damages referred to herein, to reflect any actual or probable increases in the cost of preservation, whenever SBP in its sole good faith judgement determines that such an increase is necessary. Such increase will be posted on the company website.

D. This Agreement is not, and shall bear none of the incidents of, a trust. Neither the Patient nor any of his/her heirs, successors, assigns, estate, or agents shall possess any equitable interest in the Preservation Fee after the payment thereof to SBP, or in any of the proceeds of SBP's investment thereof, and SBP shall owe no fiduciary duty to the Patient, or to his/her heirs, successors, assigns, estate, or agents, in respect of this Agreement.

E. The parties agree that the Patient may make payments to SBP, to be applied to the Patient's Preservation Fee, in advance of the Patient's legal death. Prepayments do not generate interest for the Patient. To the extent that part of the Preservation Fee has been paid in advance, the Patient shall be deemed to have complied with the requirements of payment. If the Patient terminates this Agreement, the payments made by the Patient in respect of the Preservation Fee shall be refunded to the Patient, less an amount equal to the sums expended by SBP in reliance on this Agreement. If the Patient has not yet required any services or procedures, then a full refund can be provided. No paperwork administration fees are charged. Refunds can take up to 30 days to process.

F. The Patient's full and complete performance of his/her duties under this section shall be a condition precedent to SBP's performance of its duties under this Agreement. The Patient's obligation to make payment hereunder shall be independent of the payment or failure to make payment by any insurer or other third party.

III. Duties of the Patient

A. The Patient hereby makes, constitutes, and appoints SBP to the true and lawful attorney for the Patient, with the power and authority to determine the disposition of the Patient's body after legal death, but without power or authority over the Patient's financial assets. The power of attorney being granted by the Patient to SBP as herein above provided is a general power of attorney (exclusive of financial power of attorney) with an interest and shall survive the legal death or disability of the Patient.

B. This Agreement may not be cancelled by another person on behalf of the Patient, whether or not such person otherwise has authority to act on the part of the Patient. In the case of any such attempted cancellation, the Patient agrees to remain bound by this Agreement.

C. The Patient shall keep SBP updated with any changes to address, phone, or other contact information.

D. The Patient shall provide SBP with all available medical information and shall keep that information updated. The Patient shall inform SBP of any serious illness, accident, or hospitalization.

E. The Patient shall execute any further documents as may assist preservation.

F. "Related Individuals" refer collectively to relatives, heirs, next of kin, executor, legal representative, physician, attorney, and other person's with authority over disposition of the Patient's body or over the Patient's estate. The Patient shall make his/her best efforts to attempt to enlist the cooperation of these Related Individuals. This cooperation shall include, but not be limited to the following:

1. Notification of SBP regarding death or impending death.
2. Persuade medical authorities to release the body immediately to SBP.
3. Sign consents, release forms, death certificates, and other required documents.
4. Not interfere in any way with the preservation procedures.

Any failure by the Related Individuals to perform these duties shall relieve SBP of its duty to preserve the Patient.

IV. Contingencies

A. If at any time the funds possessed by SBP do not permit continued preservation, SBP shall pursue alternative methods of preservation using its best judgement. Alternative methods may include, but are not limited to, removal of tissue, storage at higher temperatures, chemical preservation, or transfer to an alternate organization. At such time that SBP determines in its best good faith judgement that the Patient's continued preservation is certainly futile, by reason of lack of funds or otherwise, the Patient's preservation shall cease, and the Patient's remains shall be disposed of by burial or cremation. SBP shall not be liable for such termination of the Patient's preservation, provided that SBP shall have performed its obligations under this Agreement.

B. If, in the best good faith judgement of SBP, the preservation of the Patient is impractical because of legal problems, interference by Related Individuals, medical, judicial or administrative authorities, or otherwise, SBP may pursue any alternative method of preservation, may fail to commence preservation, or may cease preservation. The Patient's body may be disposed of by burial or cremation, and SBP shall not be liable therefor.

C. If SBP does not preserve the Patient, SBP shall be entitled only to compensation for costs incurred. The remaining portion to which SBP is not entitled shall be returned to the next of kin unless otherwise specified by the Patient.

V. Warranties

SBP does not expressly warrant the quality of its efforts under this Agreement, and disclaims and excludes all warranties, express or implied, including all warranties of merchantability or fitness, except that SBP promises to use its best efforts to perform its obligations under this Agreement, as limited by the terms hereof. The warranties excluded and disclaimed hereunder include, by way of example and not limitation, the following:

A. SBP does not warrant that the Patient's preservation shall be successful; in particular, SBP does not warrant or represent that the Patient can or shall ever be revived or rehabilitated, that the cause of the Patient's death can be reversed, that future social institutions will permit the Patient's revival, or that the methods used to preserve the Patient will or can be successful. All of these prospects are completely uncertain, and SBP and the Patient have entered into this Agreement with full knowledge of this uncertainty.

B. Because of the difficulty in evaluating methods of preservation and storage, SBP does not warrant that the method of preservation used with regard to the Patient shall be the most advanced or the most effective method available. SBP shall not be obligated to use any particular method of preservation, notwithstanding the judgements of any practitioners or commentators as to the superiority of any particular method.

C. SBP does not warrant that it shall treat the Patient with the aid of the most advanced equipment or the most highly trained personnel, but SBP shall use the best personnel and equipment whose use is economically practical and which are reasonably available to SBP under the circumstances, as determined in SBP's best good faith judgement.

D. SBP does not warrant that the Patient's preservation is legally valid or will be unimpeded by legal process.

E. SBP does not warrant or represent that the amount of the Preservation Fee shall be adequate to pay for the Patient's ongoing storage. The Patient acknowledges that the cost of ongoing storage remains unknown, and the calculation of the Preservation Fee represents only the best estimate by SBP of the probable cost of storage.

F. SBP does not warrant that its investment of the Preservation Fee will be sufficient to permit a return on investment equal to the amount of the Patient's maintenance expenses, or that the investment shall otherwise be adequate. The personnel of SBP are not financial experts, and SBP shall not be liable for any good faith errors in business judgment in making such investments, whether negligent or otherwise.

VI. Representations of the Patient

The Patient represents that he/she:

A. Understands that preservation is an unknown, untested process, and that no adult human being or other vertebrate has ever been successfully preserved and revived. The success of preservation depends on future advances in science and technology and the probability of success is completely unknown.

B. Understands the following scientific issues:

1. Preservation of neural tissue has been performed in a lab setting which shows excellent preservation, but this does not always translate to good preservation in clinical settings.
2. Current law does not allow procedures to begin until after death is pronounced. The dying process itself can be very damaging.
3. There are damaging delays immediately after death due to hospital rules, paperwork, coroner interference, relative interference, and many other factors.
4. There is damage during any transportation, during surgical prep, and during the procedure itself.
5. Protective chemicals are frequently prevented from reaching the tissue in a timely manner. So, instead of the intended preservation, the result can be necrosis or ice crystal formation, and obliteration of structural information.
6. Preservation must be completed quickly. This rarely happens except in the very best local cases in Salem with full equipment and many skilled personnel. In most cases, there will be areas of poor preservation.
7. In any remote case, due to the long transport times involved, preservation will be very low quality and will probably not preserve many memories. The chance of successful revival in these situations, however far in the future, may be very low.
8. SBP will still accept cases with a poor prognosis as long as the Patient understands the above issues.

C. Understands that SBP is a nonprofit corporation with limited resources.

D. Has carefully read and understands the disclaimers of warranty contained in this Agreement.

E. Has carefully read and understands this Agreement, and has had an opportunity to consult with an attorney regarding the same.

F. Notwithstanding the foregoing, consents to the performance by SBP of the Patient's preservation pursuant to this Agreement, and the performance by SBP of its obligations under this Agreement, including its obligation to store the Patient according to SBP's sole judgement and in accordance with the terms of this Agreement.

VII. Release

The Patient agrees to release SBP and its officers, directors, employees, servants, delegees, and assignees from all liability, loss, claims, expenses, or damage (collectively referred to herein as "losses") resulting from, alleged to result from, or related to the execution or performance of this Agreement or any failures by SBP to perform any of its duties hereunder for any reason whatsoever (except that the provisions of the Remedies section below govern the liability of SBP for damages to the Patient for breach of this Agreement), provided that SBP shall use its best efforts to perform its obligations hereunder.

VIII. Remedies

A. Upon SBP's breach of this Agreement, since any damages resulting therefrom are uncertain and speculative (because of the uncertainty of preservation), and subject to the limitations of liability contained in this agreement, the Patient agrees that his/her recovery from SBP shall not exceed the Preservation Fee already paid to SBP, less the sum expended by SBP in the performance of the Agreement. Notwithstanding the foregoing SBP shall not be liable to pay any damages under any circumstances whatsoever where such payment will or may endanger the adequacy of the continuing preservation of other patients of SBP.

IX. Termination

A. The Patient may terminate this Agreement without cause, subject only to payment to SBP of the sums expended by SBP in reliance on this Agreement.

B. The Patient and SBP agree that any attempted termination of this Agreement by another person on behalf of the Patient shall not be effective, and the Patient shall be bound by this Agreement in the case of any such attempted termination by any person other than the Patient, whether or not such person has the general authority to act on behalf of the Patient.

X. Assignment

SBP may assign and/or delegate part or all of its rights and duties under the Agreement, but only if, after such assignment and/or delegation, SBP has substantial assurance that any delegee shall fully perform its obligations under this Agreement. SBP shall not be liable for the delegee's failures to perform its obligations to the Patient.

XI. Miscellaneous

A. Invalidity of any section of this Agreement shall void only that section, not the entire Agreement.

B. This agreement states the entire agreement of the parties hereto and is intended to be the final, complete, and exclusive statement of the terms thereof.

C. This Agreement is reasonably related to the state of Oregon, and the rights and obligations of the parties hereunder, and all performance hereunder, shall be governed by and construed in

accordance with the laws of the State of Oregon. Any action brought relating to this Agreement shall be brought in a state court in Marion County or a federal court of appropriate jurisdiction located in the State of Oregon.

D. Any modification or waiver of this agreement must be made in writing and signed by both parties. SBP's failure, in advance of the Patient's legal death, to declare a Patient in default under this Agreement after a breach thereof, shall not be a waiver of SBP's right to later declare such a default or to decline to preserve the Patient upon his/her legal death as a result of such default.

E. This Agreement shall bind the parties hereto and their agents, successors, and assigns, including the Patient's estate and the executor thereof.

F. The headings in this Agreement are for purposes of reference only, and shall not limit or otherwise affect the meaning of this Agreement.

G. Whenever the singular number shall appear here, the same shall include the plural, and the neuter, masculine, and feminine forms shall include each other.

H. This Agreement is executed in counterparts, each of which shall be deemed an original, and all of such counterparts, taken together, shall be deemed an agreement.

I. Any notices required by the terms of this Agreement shall be made to the parties hereto at the following addresses (or such other address as a party shall later indicate):

To SBP:
Sparks Brain Preservation
3265 Marietta St SE
Salem, OR 97317

To the Patient:

XII. Signatures

Signature of Patient: _____

Date: _____

Signature of Jordan Sparks,
Executive Director of SBP: _____

Date: _____

Sparks Brain Preservation
3265 Marietta St SE
Salem, OR 97317
503-585-2781

Document of Gift and Informed Consent

I hereby donate my body to Sparks Brain Preservation for the purposes of research and education.

Informed Consent

1. I understand what has been read or explained and I am granting Informed Consent for non-transplant anatomical donation acquisition.
2. My name and address, as well as records, shall be kept on file by Sparks Brain Preservation.
3. Body donation is a gift, and neither I nor my estate will receive monetary compensation or valuable consideration for it.
4. The only tissue that will be recovered will be the brain and possibly supporting tissues, such as the skull and soft tissues of the head.
5. I authorize access to and disclosure of all my medical records to Sparks Brain Preservation.
6. I authorize testing and reporting for transmissible diseases.
7. Positive test results will be reported or disclosed if required by law or regulation (e.g., to the living donor, to the attending physician, or to appropriate health officials).
8. Risks and benefits to me, as the living donor, are not applicable since procedures are not initiated until after legal death.
9. The body may be used for research and education, after which the remains will be handled as follows:
10. The recovered tissue will be preserved indefinitely. Any anatomical material that is not preserved will be cremated and returned to the next of kin. The cost related to transportation and disposition of the remains is covered by the Donor as part of the separate Preservation Agreement and there are no additional costs. In instances where the Donor subsequently rescinds or the organization later rejects the offer of anatomical material, the Donor will be responsible for all costs incurred.
11. Final disposition will be the responsibility of Sparks Brain Preservation.
12. A copy of this Document of Gift is available at any time to the Donor or to the next of kin.

Donor Signature

Name _____	Date of Birth _____
Email _____	Phone _____
Address _____	
Signature _____	Date Signed _____

Emergency Contact Information & Information Sharing Authorization

Primary Contact for Preservation Matters (Optional)

Name: _____ Relationship: _____

Phone: _____ Email: _____

Address (Optional): _____

Authorization for Information Sharing with Emergency Contacts (Optional)

____ I authorize Sparks Brain Preservation to discuss all aspects of the preservation, including but not limited to medical information (e.g., diagnostic records, treatment information), preservation status, and procedural details with the contact listed above.

Authorization for Information Sharing with Healthcare Providers (Optional)

____ I authorize my healthcare providers to share health information (e.g., diagnostic records, treatment information) with Sparks Brain Preservation for the purpose of ensuring preservation is high-quality.

Informed Consent for Information Sharing

____ I understand this authorization (1) Can be revoked at any time in writing, (2) Is voluntary and not required for preservation, payment, or enrollment, (3) Allows the people who receive this information to potentially share it with others, and (4) Expires upon legal death and completion of preservation. I have a right to receive a copy of this authorization.

Limitations or Comments on Information Sharing (Optional, if any):

Patient or Authorizing Agent Name: _____ Date of Birth: _____

Signature: _____ Date Signed: _____

Death Investigation Instructions (Optional)

Some legal deaths may fall under the jurisdiction of the medical examiner or coroner and lead to investigation. This page is to help our organization and any other advocates you may have, such as your family members, clearly explain to the medical examiner or coroner what your preferences are in this case. Please note that while we will make every effort to honor these preferences, final authority may rest with the medical examiner or coroner in accordance with state law.

Default Policy Statement

By default, Sparks Brain Preservation (SBP) will advocate for the immediate preservation of brain tissue following legal death pronouncement, even in cases requiring death investigation. This aligns with scientific evidence that any delay compromises structural preservation quality.

Under this default policy, SBP will cooperate with death investigators while prioritizing rapid, high-quality preservation of the brain. To the maximal extent possible, SBP will advocate for the brain tissue to not be damaged in any way, including the shortest delay possible before preservation can begin. Any findings and documentation regarding the procedure will be maintained and shared with investigating authorities if requested. Non-brain tissues will be made available for death investigation if needed.

Instructions for Death Investigation

Please select **one** option:

___ I fully endorse and request the default policy described above. This is necessary to uphold my deeply held, informed personal beliefs about brain preservation and the potential for future revival.

___ In cases where criminal activity is suspected, I request that death investigation take priority over immediate preservation.

___ I request to modify the default policy in other ways: _____

Religious Views (Optional):

___ I also hold religious views that reinforce my request for immediate preservation without interference.

In full awareness of the scientific evidence regarding brain tissue degradation after legal death, and having carefully considered all risks and benefits, I affirm that these instructions represent my genuine, considered, and autonomous wishes regarding death investigation procedures. I direct SBP and any other advocates to vigorously pursue these instructions to protect my deeply held beliefs and the possibility of future revival. I make these instructions while of sound mind, without coercion, and with full understanding that while medical examiners or coroners may have legal authority, they have discretion in how they exercise that authority. I request that they exercise this discretion in a manner that respects body autonomy and sincerely held beliefs regarding the preservation of brain tissue.

Print Name: _____ Signature: _____ Date: _____

Potential Revival Technology Preferences (Optional)

Some people have specific preferences about the conditions under which they would want revival attempted, or what type of revival they would prefer, if such technologies ever become feasible and humane. While future technologies may differ dramatically from current predictions, we offer you the (completely optional, non-required) opportunity to express your preferences here. You can also email us this information now or in the future.

Feedback Section (Optional)

Do you have any feedback for our organization, including about the enrollment process?

Our Thanks

On behalf of the entire team at Sparks Brain Preservation, we extend our sincere gratitude for your decision to participate in our preservation program.

Your choice helps support the development of brain preservation techniques and helps show others that this research deserves serious scientific consideration. We deeply respect your courageous and forward-thinking decision.

We appreciate the trust you have placed in our organization and will endeavor to honor that trust by maintaining the highest standards of care that we can achieve in fulfilling our agreement.

With gratitude,

Sparks Brain Preservation

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